

# PACKING SLIP

05/23/07 16:52:57 Filed 05/23/07 Entered 05/23/07 16:52:57 Exhibit  
 05-41481-rdd Doc 8018-12 Part 12 Pg 1 of 5



4/ 4/2005

SID # 68860940524  
 (2S)

Ship To:

DA24  
 DELPHI AUTOMOTIVE  
 702 JOAQUIN CAVAZOS RD  
 LOS INDIOS

TX 78567

Ship From:

MONROE INC  
 4707 40TH ST. SE  
 GRAND RAPIDS

MI 49512

Part Number	Manufacturing DUNS Num	Quantity
12226886	057047110	2400
12226887	057047110	1408
12209410	057047110	1408
0354380	057047110	5032

Monroe Inc. 05-44481-rdd Doc 8018-12 Filed 05/23/07 Entered 05/23/07 16:52:57 Exhibit  
4707 40th St. SE Part 12 Pg 2 of 5  
Grand Rapids, MI 49512  
USA  
057047110

Packing Slip No. 68860940524

Ship to: DA24  
DELPHI AUTOMOTIVE SYSTEMS  
702 JOAQUIN CAVAZOS ROAD

Date Shipped: 04/04/2005

Bill of Lading No.: 691667373

LOS INDIOS, TX 78567 USA

Purchase Order	Description	Quantity Shipped	U/M	Cartons	Lbs	Invoice Number
550041444	1222 6886 DA24	2400	PC	1	10	164006
	1222 6887 DA24 <i>af</i>	1408	PC	1	10	164007
550045787	1220 9410 4I52	1408	PC	1	10	164008
550045740	935 4380 4J45	5632	PC	4	40	164009
Totals:				7	70	

ASN  
DONE

Monroe Inc. 05-44481-rdd Doc 8018-12 Filed 05/23/07 Entered 05/23/07 16:52:57 Exhibit  
4707 40th St. SE Part 12 Pg 3 of 5  
Grand Rapids, MI 49512  
USA  
057047110

Packing Slip No. 68860940524

Ship to: DA24  
DELPHI AUTOMOTIVE SYSTEMS  
702 JOAQUIN CAVAZOS ROAD

Date Shipped: 04/04/2005

Bill of Lading No.: 691667373

LOS INDIOS, TX 78547 USA

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550045740	935 4380 4J45	5632	PC	4	40	164009
Totals:				7	70	

ASN  
Done

DATE 4/4/05	ORIGIN GRR	DESTINATION
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AIRBILL NUMBER  
**691 667 373**

SHIPPER'S REFERENCE NO.		SHIPPER'S ACCOUNT NO. <b>443801805</b>	
COMPANY <b>MONROE</b>		DEPT./FLOOR	
FROM (YOUR NAME)		PHONE NO.	
STREET ADDRESS <b>4549 40TH ST SE</b>			
CITY <b>GRAND RAPIDS</b>		STATE <b>MI</b>	ZIP (REQUIRED) <b>49512</b>

CONSIGNEE'S REFERENCE NO.		CONSIGNEE'S ACCOUNT NO.	
COMPANY <b>Delphi Automotive</b>		DEPT./FLOOR	
TO (CONSIGNEE NAME)		PHONE NO.	
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A P.O. BOX) <b>702 Taggart, CA 92607</b>			
CITY <b>Los Angeles</b>		STATE <b>TX</b>	ZIP (REQUIRED) <b>78067</b>

<b>BILLING INFORMATION</b>	
<input type="checkbox"/> PREPAID (SHIPPER)	CASH RECEIVED (PAID IN ADVANCE)
<input checked="" type="checkbox"/> COLLECT (CONSIGNEE)	RATE QUOTE NUMBER
<input type="checkbox"/> 3RD PARTY (ACCT. NO. REQ'D)	
ACCOUNT NO.	
COMPANY/NAME	
<b>C.O.D.</b>	BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.

<b>HANDLING INFORMATION (* SPECIAL RATE MAY APPLY)</b>					
<input type="checkbox"/> HOLD AT BAX	<input type="checkbox"/> DANGEROUS GOODS				
<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> SPECIAL DELIVERY				
<input type="checkbox"/> CONVENTION					
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION: RMK 1 RMK 2					
NO. OF PCS. <b>17</b>	WEIGHT <b>70</b>	LENGTH <b>14</b>	WIDTH <b>11</b>	HEIGHT <b>15</b>	DESCRIPTION <b>Auto Parts</b>
TOTAL PCS.	TOTAL WT.	REWEIGH	SKID(S) SAID TO CONTAIN _____ NO. OF PIECES		
RELEASE SIGNATURE X _____ (SENDER AUTHORIZES BAX TO DELIVER SHIPMENT WITHOUT A DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE.)					

<b>SERVICE REQUESTED</b>	
<b>GUARANTEED SERVICES</b>	
CALL YOUR LOCAL BAX STATION	
<input type="checkbox"/>	Guaranteed First Arrival (EMR 1)
<input type="checkbox"/>	Guaranteed Overnight (EMR 2)
<input type="checkbox"/>	Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/>	Guaranteed 2nd Day (ER2 D)
<b>STANDARD SERVICES</b>	
<input type="checkbox"/>	OVERNIGHT (NEXT BUSINESS DAY)
<input checked="" type="checkbox"/>	SECOND DAY
<input type="checkbox"/>	BAX SAVER
<input type="checkbox"/>	NEXT FLIGHT AVAILABLE
<input type="checkbox"/>	OTHER _____

AIRBILL NUMBER  
**691 667 373**

<b>DECLARED VALUE</b>		<b>FOR BAX GLOBAL USE ONLY</b>	
\$		RECEIVED BY BAX AT <input type="checkbox"/> SHIPPER'S DOOR <input type="checkbox"/> BAX TERMINAL	OUTSIDE CARRIER: \$
LIMIT OF LIABILITY	LIABILITY IS AGREED AND UNDERSTOOD TO BE \$50.00 OR \$50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE IS DECLARED AND APPLICABLE CHARGES PAID. SEE REVERSE SIDE OF AIRBILL, PARAGRAPH 8, FOR DECLARED VALUE LIMITATIONS.	CHARGES ADVANCED	PRO NUMBER
		CARRIER NAME	

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X *[Signature]* PRINT NAME X SACCHIEL DATE 4/4/05

<b>RECEIVED BY BAX GLOBAL DRIVER / AGENT</b>		1st personal ID reviewed:	
Driver Signature: <u><i>[Signature]</i></u>	Shipper must sign this bill and produce the proper identification. One government issued photo ID is acceptable. If this cannot be furnished, the FAA requires 2 forms of ID, one of which must be government-issued, non-photo.	# appearing on ID	Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
Print Name: _____	Non Negotiable Airbill Conditions of Carriage On Reverse Side	2nd personal ID reviewed:	# appearing on ID
Pick Up Date: <u>4/4/05</u> Time: <u>11:00</u>			Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO

(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)  
NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.

**SHIPPER COPY**

DATE 4/4/05	ORIGIN GRR	DESTINATION
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AIRBILL NUMBER **691 667 373**

SHIPPER'S REFERENCE NO.		SHIPPER'S ACCOUNT NO. <b>443801805</b>	
COMPANY <b>MONROE</b>		DEPT./FLOOR	
FROM (YOUR NAME)		PHONE NO.	
STREET ADDRESS <b>4549 40TH ST SE</b>			
CITY <b>GRAND RAPIDS</b>	STATE <b>MI</b>	ZIP (REQUIRED) <b>49512</b>	

CONSIGNEE'S REFERENCE NO.		CONSIGNEE'S ACCOUNT NO.	
COMPANY <i>Delphi Automotive</i>		DEPT./FLOOR	
TO (CONSIGNEE NAME)		PHONE NO.	
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A P.O. BOX) <i>702 Toaguen, CA 92284</i>			
CITY <i>Los Angeles</i>	STATE <i>TX</i>	ZIP (REQUIRED) <i>75007</i>	

<b>BILLING INFORMATION</b>	
<input type="checkbox"/> PREPAID (SHIPPER)	CASH RECEIVED (PAID IN ADVANCE)
<input checked="" type="checkbox"/> COLLECT (CONSIGNEE)	RATE QUOTE NUMBER
<input type="checkbox"/> 3RD PARTY (ACCT. NO. REQ'D)	
ACCOUNT NO.	
COMPANY/NAME	
<b>C.O.D.</b>	BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.

<b>HANDLING INFORMATION (* SPECIAL RATE MAY APPLY)</b>					
<input type="checkbox"/> HOLD AT BAX	<input type="checkbox"/> DANGEROUS GOODS				
<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> SPECIAL DELIVERY				
<input type="checkbox"/> CONVENTION					
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION: RMK 1 RMK 2					
NO. OF PCS. <i>17</i>	WEIGHT <i>470</i>	LENGTH <i>14</i>	WIDTH <i>11</i>	HEIGHT <i>15</i>	DESCRIPTION <i>Auto Parts</i>
TOTAL PCS.	TOTAL WT.	REWEIGH	SKID(S) SAID TO CONTAIN NO. OF PIECES		
RELEASE SIGNATURE X			(SENDER AUTHORIZES BAX TO DELIVER SHIPMENT WITHOUT A DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE.)		

<b>SERVICE REQUESTED</b>
<b>GUARANTEED SERVICES</b>
CALL YOUR LOCAL BAX STATION
<input type="checkbox"/> Guaranteed First Arrival (EMR 1)
<input type="checkbox"/> Guaranteed Overnight (EMR 2)
<input type="checkbox"/> Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/> Guaranteed 2nd Day (ER2 D)
<b>STANDARD SERVICES</b>
<input type="checkbox"/> OVERNIGHT (NEXT BUSINESS DAY)
<input checked="" type="checkbox"/> SECOND DAY
<input type="checkbox"/> BAX SAVER
<input type="checkbox"/> NEXT FLIGHT AVAILABLE
<input type="checkbox"/> OTHER

AIRBILL NUMBER <b>691 667 373</b>
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DECLARED VALUE		<b>FOR BAX GLOBAL USE ONLY</b>			
\$		RECEIVED BY BAX AT	OUTSIDE CARRIER:	CHARGES ADVANCED	PRO NUMBER
LIMIT OF LIABILITY		<input type="checkbox"/> SHIPPER'S DOOR		\$	
LIABILITY IS AGREED AND UNDERSTOOD TO BE \$50.00 OR \$ 50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE IS DECLARED AND APPLICABLE CHARGES PAID. SEE REVERSE SIDE OF AIRBILL, PARAGRAPH 8, FOR DECLARED VALUE LIMITATIONS.		<input type="checkbox"/> BAX TERMINAL			CARRIER NAME

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X *Arcey Hill* PRINT NAME X *Sacey Hill* DATE *4/4/05*

<b>RECEIVED BY BAX GLOBAL DRIVER / AGENT</b>		1st personal ID reviewed:	
Driver Signature:	Shipper must sign this bill and produce the proper identification. One government issued photo ID is acceptable. If this cannot be furnished, the FAA requires 2 forms of ID, one of which must be government-issued, non-photo.	# appearing on ID	Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
Print Name:	Non Negotiable Airbill Conditions of Carriage On Reverse Side	2nd personal ID reviewed:	Matched photo on ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
Pick Up Date: <i>4/4/05</i>		# appearing on ID	
Pick Up Time: <i>14:00</i>			
Driver No.			

(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)  
NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.

**SHIPPER COPY**